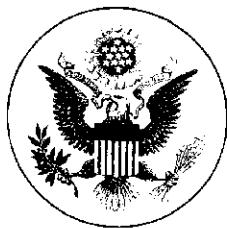


1. CIR./DIST./DIV. CODE TNW		2. PERSON REPRESENTED Jones, Darrick		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:05-020056-019-Ma		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) U.S. v. Jones		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) 1) 21 846=CD.F -- CONSPIRACY TO DISTRIBUTE CONTROLLED SUBSTANCE		10. REPRESENTATION TYPE Criminal Case PM 4:51			
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) Schreiner, Steffen G. 369 N. Main Memphis TN 38103		<p>13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel</p> <p>Prior Attorney's Name: _____ Appointment Date: _____</p> <p><input checked="" type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions)</p> <p><i>Deanne K. Uscovo</i> Signature of Presiding Judicial Officer or By Order of the Court 09/01/2005</p> <p>Date of Order Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Nunc Pro Tunc Date</p>			
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per Instructions)		15. CATEGORIES (Attach itemization of services with dates)			
		16. IN COURT COURT	17. OUT OF COURT COURT	18. GRAND TOTALS	19. APPROVAL FOR PAYMENT - COURT USE ONLY
				20. COURT USE ONLY	
15. CATEGORIES (Attach itemization of services with dates)		16. HOURS CLAIMED	17. TOTAL AMOUNT CLAIMED	18. MATH/TECH ADJUSTED HOURS	19. MATH/TECH ADJUSTED AMOUNT
<p>a. Arraignment and/or Plea</p> <p>b. Bail and Detention Hearings</p> <p>c. Motion Hearings</p> <p>d. Trial</p> <p>e. Sentencing Hearings</p> <p>f. Revocation Hearings</p> <p>g. Appeals Court</p> <p>h. Other (Specify on additional sheets)</p>					
(Rate per hour = \$)		TOTALS:			
<p>a. Interviews and Conferences</p> <p>b. Obtaining and reviewing records</p> <p>c. Legal research and brief writing</p> <p>d. Travel time</p> <p>e. Investigative and Other work (Specify on additional sheets)</p>					
(Rate per hour = \$)		TOTALS:			
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.		20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
Signature of Attorney: _____ Date: _____					
23. IN COURT COMP.		24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER		DATE		28a. JUDGE / MAG. JUDGE CODE	
29. IN COURT COMP.		30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.		DATE		34a. JUDGE CODE	



Notice of Distribution

This notice confirms a copy of the document docketed as number 422 in case 2:05-CR-20056 was distributed by fax, mail, or direct printing on September 27, 2005 to the parties listed.

Steffen G. Schreiner
LAW OFFICE OF STEFFEN G. SCHREINER
369 N. Main
Memphis, TN 38103

Honorable Samuel Mays
US DISTRICT COURT